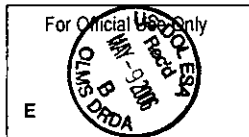


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>25472</u>	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Robert James P.O. Box, Bldg., Room No., if any Street 9870 Kingston Farm Rd NE City Kingston State Washington ZIP Code + 4 98346	4. Name, file number, and address of labor organization. Name IAM District 160 Labor Organization File Number 014-024 P.O. Box, Building and Room Number, if any 2nd Floor Street 9135 - 15th Pl S City Seattle State Washington ZIP Code + 4 98108
5. Position in labor organization. <u>President of District 160</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature Robert L. A.

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Robert L. A.</u>	On <u>3-25-06</u> <u>206-353-8313</u> Date Telephone Number

Name of Person Filing Robert James	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Welfare & Pension Admin. Service, Inc.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Ste 300</p> <p>Street 2815 - 2nd Ave Ste 300</p> <p>City Seattle</p> <p>State Washington ZIP Code + 4 98121</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Automotive Machinists Pension Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Ste 300</p> <p>Street 2815 - 2nd Ave Ste 300</p> <p>City Seattle</p> <p>State Washington ZIP Code + 4 98121</p>	<p>11.a. Nature of such dealing.</p> <p>11/28 - 12/05 2004 IFEB Conference</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Airfare, mileage, lodging, meals and Time loss</p>
	<p>12.b. Amount.</p> <p>\$3,825</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Robert James

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Welfare & Pension Admin. Service, Inc.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Ste 300</p> <p>Street 2815 - 2nd Ave Ste 300</p> <p>City Seattle</p> <p>State Washington ZIP Code + 4 98121</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Automotive Machinists Pension Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Ste 300</p> <p>Street 2815 - 2nd Ave Ste 300</p> <p>City Seattle</p> <p>State Washington ZIP Code + 4 98121</p>	<p>11.a. Nature of such dealing.</p> <p>6/16/2005 Trust Meeting</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Mileage, Ferry cost and time loss</p> <p>12.b. Amount. \$341</p>

Name of Person Filing Robert James

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Welfare & Pension Admin. Service, Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Ste 300

Street 2815 - 2nd Ave Ste 300

City Seattle

State Washington ZIP Code + 4 98121

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Automotive Machinist Pension Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Ste 300

Street 2815 - 2nd Ave Ste 300

City Seattle

State Washington ZIP Code + 4 98121

11.a. Nature of such dealing.

11/11/2004 Trust Meeting

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Mileage, ferry cost and time loss

12.b. Amount.

\$347